Effective January 1, 2003 6/6307/2												1/2	
		CLAIMS A	S FILED -		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY					
TOTAL CLAIMS			39				RA	TE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			2 9 minus 20=		· 15		X\$	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =				X4	X42=			X84=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				-	+140=		OR			
* If	the difference	in column 1 is	less than z	ero, enter	"0" in o	achima 2				OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL	L	OR	TOTAL	·	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY O				OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM! PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 39	Minus	#3°	7	=	X\$	9=		OR	X\$18=		
	Independent	. 6	Minus		3	=3	X4:	2=		OR	X84≦	264	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	0=		OR	+280=		
D (9 Θ)							L	TAL			TOTAL		
		(Column 1)	,	(Colum	nn 2)	(Column 3)	ADDIT.	FEE		011	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$:	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X42	?=		OR	X84=	7	
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		+14)=		OR	÷280=		
	•						TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)			-				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		9	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	ARR			X42				X84=		
٨	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			_		OR	V04=		
+140= OR +28													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The Highest Nur	nber Previously Pai	id For" (Total o	r independe	ent) is the	in o, enter o. I highest numbe	r found in th	e app	ropriate box	in col	umn 1.		

Application or Docket Number